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APPLICANTS

LEONARD GUARENTE, CHESTNUT HILL, MA;
 SHIN-ICHIRO IMAI, SOMERVILLE, MA;
 CHRISTOPHER ARMSTRONG, CAMBRIDGE, MA;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****
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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Met after Allowance	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	(ROBERT A ZEMAN/ Examiner's Signature)		Initials	MA		27	61	18

ADDRESS

FISH & RICHARDSON PC
 P.O. BOX 1022
 MINNEAPOLIS, MN 55440-1022
 UNITED STATES

TITLE

METHODS FOR IDENTIFYING AGENTS WHICH ALTER HISTONE PROTEIN ACETYLATION

FILING FEE RECEIVED 2011	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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